



Easing Ribcage Soreness

an online resource
created to accompany

Pre- and Perinatal Massage Therapy:

*A Comprehensive Guide to Prenatal, Labor
and Postpartum Practice*
(Third Edition)

Carole Osborne

Michele Kolakowski

David M Lobenstine

(Handspring Publishing Ltd. 2021)

this resource links to:

Chapter 4, page 118





Easing Ribcage Soreness

Feeling baby's movements is often a delight for moms, partners and other family and friends. The delight can be diminished if it also creates pain. Often knees, feet or other body parts repeatedly rub on the same spots of the abdominal walls or the ribcage. That friction may result in sore spots, sometimes so intense that side bending and other postural distortions seem necessary to ease the discomfort.

Consider teaching your client who experiences this pain how to subtly redirect her baby off the over-stimulated area. This can safely be accomplished with a soft, firm flat hand applied to the sore place when movements are noticed. With even pressure throughout the palm, show her how to hold sustained compression sufficient to protect the painful section from the foot or knee. Sometimes this requires several minutes of protective pressure and/or repeatedly returning to this type of compression until the baby enters a quieter phase.

Another comfort measure that may work is to use the gravitational effects of sidelying to shift the baby's position. For example, if there's a spot on the right side of mom's belly, she can rest for 10 to 20 minutes on her left side, thus encouraging her baby to shift more toward her left side.

Abdominal effleurage carefully performed by her partner or by the mom may also help to make the small adjustment in the baby's lie that can result in less irritation in the same spot. Of course, we are not talking about repositioning the baby from head up or head down, maneuvers such as an external version, that should only be performed by her



medical care providers if indicated.

The Baby Lift (see online resource for page 119) may offer some temporary relief too.

In your session time, use abdominal effleurage (with her consent). Allow your hands to move from her abdomen so that one hand rests on her lateral ribcage and the other on the opposite side of her torso on her ilium. Be sure your hands are making full, relaxed contact. Shift your body weight to create a slow, rhythmic push-and-pull movement of her torso. This gentle undulation also may encourage some subtle changes in where a heel or elbow rubs.

Add be sure to include every technique intended to maximize torso space for her baby, paying particular attention to the Distal Ribcage Deep Tissue Sculpting shown in Figure 4.34. These other techniques include:

- Breathing Enhancement
- Lumbar Lengthening
- Lumbosacral Joint Decompression
- Paravertebral Deep Tissue Sculpting
- Pelvic Alignment Education
- Pelvic Girdle Decompression
- Ribcage Deep Tissue Sculpting
- Ribcage trigger Pints
- Spinal Rocking
- Structural Balance Education

